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October 15, 2013

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CONFIDENTIAL DOCUMENTS ENCLOSED

VIA HAND DELIVERY

Ms. Ann Cole, Director
Division of the Commission Clerk and
Administrative Services
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

RECEIVED-FPSC
13 OCT 15 PM 1:40
COMMISSION
CLERK

Re: FPSC Docket No. 130158-TP-FCC Form 481, Carrier Annual Reporting Data
Collection Form for Northeast Florida Telephone Company

Dear Ms. Cole:

Pursuant to Rule 54.313 of the Federal Communications Commission ("FCC") regulations, enclosed is a copy of Northeast Florida Telephone Company's d/b/a NEFCOM ("NEFCOM") FCC Form 481, Carrier Annual Reporting Data Collection Form, as well as a signed Affidavit attesting that all high cost support provided to NEFCOM was used in the preceding calendar year (2012) and will be used in the coming calendar year (2014) only for the provisions, maintenance, and upgrading of facilities and services for which the support was intended.

Pursuant to section 364.131(1), Florida Statutes and Rule 25-22.006, Florida Administrative Code, NEFCOM hereby claims confidential treatment for certain portions of FCC Form 481. This response contains information relating to competitive interests.

Enclosed herewith are the following:

1. Attachment "A" – 2 copies of NEFCOM's FCC Form 481, Carrier Annual Reporting Data Collection form and the Affidavit. The specific information claimed to be confidential is redacted; and

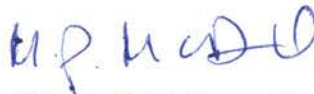
RUTLEDGE ECENIA

2. Attachment "B" – a sealed envelope marked "CONFIDENTIAL" containing NEFCOM's FCC Form 481, Carrier Annual Reporting Data Collection form with the specific information claimed to be confidential highlighted in green.

Pursuant to section 364.183(1), F. S., upon the filing of NEFCOM's claim that such information is proprietary and confidential business information, such information shall be kept confidential and shall be exempt from section 119.07(1), F.S., and section 24 (a), ART. I of the State Constitution. Pursuant to section 364.183(4), F.S., staff may retain this information for as long as necessary for the Commission to conduct its business.

Please acknowledge receipt of this filing by stamping and initialing the extra copy of this letter and returning same to the courier. If you have any questions, please do not hesitate to contact me. Thank you for your assistance with this filing.

Sincerely,



Martin P. McDonnell

Enclosures

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	210335
<015> Study Area Name	NORTHEAST FLORIDA
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Deborah Nobles
<035> Contact Telephone Number: Number of the person identified in data line <030>	904-688-0029
<039> Contact Email Address: Email of the person identified in data line <030>	dnobles@townes.net

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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<100> Service Quality Improvement Reporting <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice) <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input type="checkbox"/> <-- check box if no outages to report		
<300> Unfulfilled Service Requests (voice) <input style="width:50px; text-align:center;" type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice) <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband) <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed <input style="width:50px; text-align:center;" type="text" value="0.0"/>		
<420> Mobile <input style="width:50px;" type="text"/>		
<430> Number of Complaints per 1,000 customers (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed <input style="width:50px;" type="text"/>		
<450> Mobile <input style="width:50px;" type="text"/>		
<500> Service Quality Standards & Consumer Protection Rules Compliance <i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <input style="width:50px;" type="text" value="210335f1510"/> <i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations <i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <input style="width:50px;" type="text" value="210335f1610"/> <i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice) <i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband) <i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> <i>(if yes, complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability <i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <input style="width:50px;" type="text"/> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> <i>(if not, check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1110> <i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers <i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet		
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		
<2000> <i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<2005> <i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet		
<3000> <i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005> <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COM _____
 AFD _____
 APA _____
 ECO _____
 ENG _____
 GCL _____
 IDM _____
 TEL _____
 CLK _____

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Deborah Nobles
<035>	Contact Telephone Number - Number of person identified in data line <030>	904-688-0029
<039>	Contact Email Address - Email Address of person identified in data line <030>	dnobles@townes.net
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Deborah Nobles
<035>	Contact Telephone Number - Number of person identified in data line <030>	904-688-0029
<039>	Contact Email Address - Email Address of person identified in data line <030>	dnobles@townes.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

 Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	210335
<015> Study Area Name	NORTHEAST FLORIDA
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Deborah Nobles
<035> Contact Telephone Number - Number of person identified in data line <030>	904-688-0029
<039> Contact Email Address - Email Address of person identified in data line <030>	dnobles@townes.net

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Deborah Nobles
<035>	Contact Telephone Number - Number of person identified in data line <030>	904-688-0029
<039>	Contact Email Address - Email Address of person identified in data line <030>	dnobles@townes.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 210335f11210

Name of attached document (.pdf)

<1220> Link to Public Website HTTP _____

“Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,

<1222> Details on the number of minutes provided as part of the plan,

<1223> Additional charges for toll calls, and rates for each such plan.

(2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Deborah Nobles
<035>	Contact Telephone Number - Number of person identified in data line <030>	904-688-0029
<039>	Contact Email Address - Email Address of person identified in data line <030>	dnobles@townes.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information _____

(3000) Rate Of Return Carrier Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	210335
<015>	Study Area Name	NORTHEAST FLORIDA
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Deborah Nobles
<035>	Contact Telephone Number - Number of person identified in data line <030>	904-688-0029
<039>	Contact Email Address - Email Address of person identified in data line <030>	dnobles@townes.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (3014) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)
(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) (3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows	Name of Attached Document Listing Required Information	<input type="checkbox"/> <input type="checkbox"/>
(3017) If the response is yes on line 3014, attach your company's annual report and all required documentation (3018) If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3019) Either a copy of their audited financial statement, or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications (3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> <input type="checkbox"/>
(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant, or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, (3023) Underlying information subjected to a review by an independent certified public accountant (3024) Underlying information subjected to an officer certification.	Name of Attached Document Listing Required Information	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows (3026) Attach the worksheet listing required information	Name of Attached Document Listing Required Information	<input type="checkbox"/> 210335f13026

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	210335
<015> Study Area Name	NORTHEAST FLORIDA
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Deborah Nobles
<035> Contact Telephone Number - Number of person identified in data line <030>	904-688-0029
<039> Contact Email Address - Email Address of person identified in data line <030>	dnobles@townes.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	NORTHEAST FLORIDA
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Officer:	Deborah Nobles
Title or position of Authorized Officer:	Vice President of Regulatory Affairs
Telephone number of Authorized Officer:	904-688-0029
Study Area Code of Reporting Carrier:	210335 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	210335
<015> Study Area Name	NORTHEAST FLORIDA
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Deborah Nobles
<035> Contact Telephone Number - Number of person identified in data line <030>	904-688-0029
<039> Contact Email Address - Email Address of person identified in data line <030>	dnobles@townes.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

Attachments

Carrier Name: Northeast Florida Telephone Company
Carrier SPIN: 143001439
Carrier SAC: 210335
Operating State: Florida

Line 510: Service Quality Standards and Consumer Protection Rules Compliance

Northeast Florida Telephone Company (“NEFCOM” or “the Company”) established a Quality of Service Policy (“Policy”) that incorporates the service objectives previously included in the Florida Public Utility Commission’s rules. The Policy guarantees NEFCOM will meet all service standards or provide a \$25.00 service standard credit to any customer if it is determined that NEFCOM failed to meet the service standard goals.

NEFCOM complies with the following federal consumer protection rules and regulations:

FCC 47 C.F.R. §§64.2001-64.2011 – Customer Proprietary Network Information (“CPNI”)
FTC 16 C.F.R. §681.2 – Identity Theft Red Flags and Address Discrepancies Under the Fair and Accurate Credit Transactions Act of 2003
All customer protection and disclosures established by the Fair Credit Reporting Act (15 U.S.C. §§1681, *et seq.*) and the Truth in Lending Act (15 U.S.C. §§1601, *et seq.*)

The Company has a CPNI Policy Manual detailing and enforcing the requirements of the federal CPNI rules. Each year, the CPNI Compliance Officer (1) communicates with the Company’s attorneys and/or consultants regarding CPNI responsibilities, requirements and restrictions; (2) supervises the training of Company employees and agents who use or have access to CPNI; (3) supervises the use, disclosure, distribution or access to the Company’s CPNI by independent contractors and joint venture partners; (4) maintains records regarding the use of CPNI in marketing campaigns; and (5) receives, reviews and resolves questions or issues regarding use, disclosure, distribution or provision of access to CPNI. The CPNI Compliance Officer certifies compliance annually with the FCC by March 1.

The Company has an Identity Theft Prevention Program (“the Program”) that was approved by the Board of Directors in September 2008. The Board appointed Red Flag Coordinator is responsible for updating the Program as necessary; the day-to-day supervision of the Program; training Company employees regarding their responsibilities with respect to the Program; and responding to employee questions and concerns regarding identity theft or the Program. The Red Flag Coordinator is required to annually prepare an Identity Theft Prevention Program Compliance Report for the Board’s approval by October 1. The Identity Theft Prevention Program Compliance Report evaluates the effectiveness of the Program; the nature and extent of the Company’s service provider arrangements and their impact on the effectiveness of the Program; reports any significant incidents involving identity theft and the Company’s response to such incidents; and provides recommendations to the Board for periodic reviews of the Program and the adoption of material changes and other revisions, modifications and updates to the Program.

Carrier Name: Northeast Florida Telephone Company
Carrier SPIN: 143001439
Carrier SAC: 210335
Operating State: Florida

Line 610: Functionality in Emergency Situations

Northeast Florida Telephone Company ("NEFCOM" or "the Company") has an Emergency Operations Plan ("EOP" or "the Plan") that addresses the requirements for continuity of service and systematic restoration of service after loss of service due to an emergency. The EOP is administered and maintained by a member of senior management of the parent company, Townes Telecommunications, Inc., and is reviewed annually to ensure that each applicable section is accurate and any changes or updates to the Plan are made on a timely basis.

An Emergency Director has been authorized to implement the provisions of the EOP. The Emergency Director conducts training with employees and is responsible for ensuring that all new employees are provided a 30 minute overview of the Plan as part of their orientation. Specific supervisory personnel receive additional intense instructions regarding special areas of the Plan

The Plan established an Emergency Committee made up of senior management and key company personnel, who upon notification by the Emergency Director that a potential emergency exists, convene to declare an emergency, notify affected parties and assume control of restoration of service efforts.

An emergency control center is established at the Company's business office, which is equipped with a back-up power generator and a wireless telephone set. Depending upon the severity and type of emergency and the safety of the emergency location, a control center may be established at the site of the event.

In case of power outages, batteries in the central office will last on average from 4-8 hours depending on how many lines (AMP load) are served at that particular location. The stand-by generator has 24 hour diesel capacity and small generators are available to be put on smaller concentrators if power is lost. The small generators have to be refueled every few hours.

Carrier Name: Northeast Florida Telephone Company
 Carrier SPIN: 143001439
 Carrier SAC: 210335
 Operating State: Florida

Line 1210: Terms and Conditions for Lifeline Program Customers

Northeast Florida Telephone Company (“NEFCOM” or “the Company”) complies with the FCC CFR 47 §§54.4, Universal Service Support for Low-Income Customers and the Florida Public Service Commission’s rule 25-4.0665 relating to Lifeline Service. Lifeline is a non-transferable retail service offering for which qualifying low-income consumers receive a \$9.25 federal discount and a \$3.50 company discount on flat rated basic local telephone service, whether it is purchased on a stand-alone basis or as part of a bundled service that includes voice and data services and optional calling features. Lifeline customers are charged a separate charge for toll calls, but are provided Toll Blocking free of charge if they elect to subscribe to the service. The Lifeline supported services are as shown below:

	NEFCOM	
Residence Access Line	14.00	
Federal SLC	6.50	
Total Monthly Rate	20.50	
<u>Lifeline Discounts to Total Monthly Rate:</u>		
Federal Flat Rate Lifeline Support	(9.25)	<i>FCC 497: Lifeline Worksheet</i>
Company Lifeline Support	(3.50)	
Total Lifeline Service Monthly Rate	(12.75)	
Net Monthly Local Service for Lifeline Customer	7.75	

Additional Services:

Toll Blocking is free to Lifeline customers who subscribe to this service.

The company is required to include the Lifeline Service Program in their Local Exchange Tariff. The rates for basic local residential service are also contained in the Local Exchange Tariff and the rates for the federal SLC are included in the NECA Tariff No. 5. Changes to any of these rates must be approved by the appropriate regulatory agency.

<010> Study Area Code
 <015> Study Area Name
 <020> Program Year
 <030> Contact Name - Person USAC should contact regarding this data
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 <039> Contact Telephone Email Address - Email Address of person identified in data line <030>

<010> 210335
 <015> Northeast Florida Telephone Company
 <020> 2014
 <030> Deborah Nobles
 <035> 904-688-0029
 <039> dnobles@townes.net

PART C. STATEMENTS OF CASH FLOWS		
1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)		
CASH FLOWS FROM OPERATING ACTIVITIES		
2. Net Income		
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
3. Add: Depreciation		
4. Add: Amortization		
5. Other (Explain)		
Changes in Operating Assets and Liabilities		
6. Decrease/(Increase) in Accounts Receivable		
7. Decrease/(Increase) in Materials and Inventory		
8. Decrease/(Increase) in Prepayments and Deferred Charges		
9. Decrease/(Increase) in Other Current Assets		
10. Increase/(Decrease) in Accounts Payable		
11. Increase/(Decrease) in Advance Billings & Payments		
12. Increase/(Decrease) in Other Current Liabilities		
13. Net Cash Provided/(Used) by Operations		843932
CASH FLOWS FROM FINANCING ACTIVITIES		
14. Decrease/(Increase) in Notes Receivable		
15. Increase/(Decrease) in Notes Payable		
16. Increase/(Decrease) in Customer Deposits		
17. Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)		
18. Increase/(Decrease) in Other Liabilities & Deferred Credits		
19. Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital		
20. Less: Payment of Dividends		
21. Less: Patronage Capital Credits Retired		
22. Other (Explain)		
23. Net Cash Provided/(Used) by Financing Activities		-1195267
CASH FLOWS FROM INVESTING ACTIVITIES		
24. Net Capital Expenditures (Property, Plant & Equipment)		
25. Other Long-Term Investments		
26. Other Noncurrent Assets & Jurisdictional Differences		
27. Other (Explain)		
28. Net Cash Provided/(Used) by Investing Activities		331054
29. Net Increase/(Decrease) in Cash		-20281
30. Ending Cash		82510

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PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		
ITEM	PRIOR YEAR	THIS YEAR
1. Local Network Services Revenues		
2. Network Access Services Revenues		
3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. Net Operating Revenues (1 thru 5 less 6)	6817351	6578893
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
10. Depreciation Expense		
11. Amortization Expense		
12. Customer Operations Expense		
13. Corporate Operations Expense		
14. Total Operating Expenses (8 thru 13)	7946036	8564636
15. Operating Income or Margins (7 less 14)	-1128685	-1985743
16. Other Operating Income and Expenses		
17. State and Local Taxes		
18. Federal Income Taxes		
19. Other Taxes		
20. Total Operating Taxes (17+18+19)	-210468	-1583319
21. Net Operating Income or Margins (15+16-20)	-918217	-402424
22. Interest on Funded Debt		
23. Interest Expense - Capital Leases		
24. Other Interest Expense		
25. Allowance for Funds Used During Construction		
26. Total Fixed Charges (22+23+24-25)	1	1
27. Nonoperating Net Income		
28. Extraordinary Items		
29. Jurisdictional Differences		
30. Nonregulated Net Income		
31. Total Net Income or Margins (21+27+28+29+30-26)	-925613	-407517
32. Total Taxes Based on Income		
33. Retained Earnings or Margins Beginning-of-Year		
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)		
36. Dividends Declared (Preferred)		
37. Other Debits Year-to-Date		
38. Transfers to Patronage Capital		
39. Retained Earnings or Margins end-of-Period [(31+33+34)-(35+36+37+38)]	7120241	6712724
40. Patronage Capital Beginning-of-Year		
41. Transfers to Patronage Capital		
42. Patronage Capital Credits Retired		
43. Patronage Capital End-of-Year (40+41-42)	0	0
44. Annual Debt Service Payments		
45. Cash Ratio [(14+20-10-11)/7]	0.90	0.84
46. Operating Accrual Ratio [(14+20+26)/7]	1.13	1.06
47. TIER [(31+26)/26]	-925612.00	-407516.00
48. DSCR [(31+26+10+11)/44]	0.00	0.00

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(3005a) Operating Report for Privately-Held Rate of Return Carriers

Balance Sheet - Data Collection Form

Page 1 of 3

FCC Form 481

OMB Control No. 3060-0986

July 2013

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Files as reviewed single company
 Filed as reviewed consolidated company
 Filed as subsidiary of reviewed consolidated company

<010> [REDACTED]
 <015> [REDACTED]
 <020> [REDACTED]
 <030> [REDACTED]
 <035> [REDACTED]
 <039> [REDACTED]

Filed as audited single company
 Filed as audited consolidated company
 Filed as subsidiary of audited consolidated company

CERTIFICATION

We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.

[REDACTED] Signature
 [REDACTED] Date

PART A. BALANCE SHEET

ASSETS		BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY		BALANCE PRIOR YEAR	BALANCE END OF PERIOD
CURRENT ASSETS				CURRENT LIABILITIES			
1	Cash and Equivalents	[REDACTED]	[REDACTED]	25	Accounts Payable	[REDACTED]	[REDACTED]
2	Cash-RUS Construction Fund	[REDACTED]	[REDACTED]	26	Notes Payable	[REDACTED]	[REDACTED]
3	Affiliates:	[REDACTED]	[REDACTED]	27	Advance Billings and Payments	[REDACTED]	[REDACTED]
	a. Telecom, Accounts Receivable	[REDACTED]	[REDACTED]	28	Customer Deposits	[REDACTED]	[REDACTED]
	b. Other Accounts Receivable	[REDACTED]	[REDACTED]	29	Current Mat. L/T Debt	[REDACTED]	[REDACTED]
	c. Notes Receivable	[REDACTED]	[REDACTED]	30	Current Mat. L/T Debt-Rur. Dev.	[REDACTED]	[REDACTED]
4	Non-Affiliates:	[REDACTED]	[REDACTED]	31	Current Mat.-Capital Leases	[REDACTED]	[REDACTED]
	a. Telecom, Accounts Receivable	[REDACTED]	[REDACTED]	32	Income Taxes Accrued	[REDACTED]	[REDACTED]
	b. Other Accounts Receivable	[REDACTED]	[REDACTED]	33	Other Taxes Accrued	[REDACTED]	[REDACTED]
	c. Notes Receivable	[REDACTED]	[REDACTED]	34	Other Current Liabilities	[REDACTED]	[REDACTED]
5	Interest and Dividends Receivable	[REDACTED]	[REDACTED]	35	Total Current Liabilities (25 thru 34)	175877	-36556
6	Material-Regulated	[REDACTED]	[REDACTED]	LONG-TERM DEBT			
7	Material-Nonregulated	[REDACTED]	[REDACTED]	36	Funded Debt-RUS Notes	[REDACTED]	[REDACTED]
8	Prepayments	[REDACTED]	[REDACTED]	37	Funded Debt-RTB Notes	[REDACTED]	[REDACTED]
9	Other Current Assets	[REDACTED]	[REDACTED]	38	Funded Debt-FFB Notes	[REDACTED]	[REDACTED]
10	Total Current Assets (1 Thru 9)	973259	955610	39	Funded Debt-Other	[REDACTED]	[REDACTED]
NONCURRENT ASSETS				40	Funded Debt Rural Develop. Loan	[REDACTED]	[REDACTED]
11	Investment in Affiliated Companies	[REDACTED]	[REDACTED]	41	Premium (Discount) on L/T Debt	[REDACTED]	[REDACTED]
	a. Rural Development	[REDACTED]	[REDACTED]	42	Reacquired Debt	[REDACTED]	[REDACTED]
	b. Nonrural Development	[REDACTED]	[REDACTED]	43	Obligations Under Capital Lease	[REDACTED]	[REDACTED]
12	Other Investments	[REDACTED]	[REDACTED]	44	Adv. From Affiliated Companies	[REDACTED]	[REDACTED]
	a. Rural Development	[REDACTED]	[REDACTED]	45	Other Long-Term Debt	[REDACTED]	[REDACTED]
	b. Nonrural Development	[REDACTED]	[REDACTED]	46	Total Long-Term Debt (36 thru 45)	0	0
13	Nonregulated Investments	[REDACTED]	[REDACTED]	OTHER LIAB. & DEF. CREDITS			
14	Other Noncurrent Assets	[REDACTED]	[REDACTED]	47	Other Long-Term Liabilities	[REDACTED]	[REDACTED]
15	Deferred Charges	[REDACTED]	[REDACTED]	48	Other Deferred Credits	[REDACTED]	[REDACTED]
16	Jurisdictional Differences	[REDACTED]	[REDACTED]	49	Other Jurisdictional Differences	[REDACTED]	[REDACTED]
17	Total Noncurrent Assets (11 thru 16)	8466880	7858971	50	Total Other Liabilities and Deferred Credits (47 thru 49)	392371	-802896
PLANT, PROPERTY, AND EQUIPMENT				EQUITY			
18	Telecom, Plant-in-Service	[REDACTED]	[REDACTED]	51	Cap. Stock Outstanding & Subscribed	[REDACTED]	[REDACTED]
19	Property Held for Future Use	[REDACTED]	[REDACTED]	52	Additional Paid-in-Capital	[REDACTED]	[REDACTED]
20	Plant Under Construction	[REDACTED]	[REDACTED]	53	Treasury Stock	[REDACTED]	[REDACTED]
21	Plant Adj., Nonop. Plant & Goodwill	[REDACTED]	[REDACTED]	54	Membership and Cap. Certificates	[REDACTED]	[REDACTED]
22	Less Accumulated Depreciation	[REDACTED]	[REDACTED]	55	Other Capital	[REDACTED]	[REDACTED]
23	Net Plant (18 thru 21 less 22)	4776191	3586532	56	Patronage Capital Credits	[REDACTED]	[REDACTED]
				57	Retained Earnings or Margins	13648082	13240565
24	TOTAL ASSETS (10+17+23)	14216330	12401113	58	Total Equity (51 thru 57)	13648082	13240565
				59	TOTAL LIABILITIES AND EQUITY (35+46+50+58)	14216330	12401113

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Report of Independent Accountants

The Board of Directors and Stockholders
Northeast Florida Telephone Company, Inc.
Northeast Florida, Florida

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FLORIDA PUBLIC SERVICE COMMISSION

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF CLAY

BEFORE ME, the undersigned authority, appeared Deborah Nobles who deposed and said:

1. My name is Deborah Nobles. I am employed by Northeast Florida Telephone Company, Inc. d/b/a NEFCOM ("NEFCOM" or "the Company") as its Vice President of Regulatory Affairs. I am an officer of the Company and am authorized to give this affidavit on behalf of the Company. This affidavit is being given to support the Florida Public Service Commission's certification as contemplated in 47 C.F.R. §54.314.
2. NEFCOM hereby certifies to the Florida Public Service Commission that it is eligible to receive federal high-cost support for the program years cited.
3. I, Deborah Nobles, attest for the Study Area Code 210335, all high-cost support provided to NEFCOM was used in the preceding calendar year (2012) and will be used in the coming calendar year (2014) only for the provision, maintenance, and upgrading of facilities and services for which the support was intended.


Signature

October 11, 2013
Date

VP of Regulatory Affairs
Title
904-688-0029
Contact phone #



